**Would you be the first person in your immediate family to go to or graduate from college?** 🞎 Yes 🞎 No 🞎 I don’t know

**Have you been on a college campus before?** 🞎 Yes 🞎 No

**Select the answer that best applies.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Definitely* | *Probably* | *Maybe* | *Maybe not* | *Definitely not* |
| I think I will go to college. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I can picture myself as a college student. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I believe I will be able to afford to go to college. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I know what it takes to get into college. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I can name at least one college major that interests me and is applicable to my future career. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I know about support services like tutoring and counseling that colleges offer. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I know about clubs, activities, sports and other social groups on college campuses. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I have talked to a current college student and asked him/her questions I have about college. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I have talked to someone who works at a college and asked him/her questions I have about college. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**When I think of going to college, I think of:**

**Two questions I have for college students or staff while on the college visit:**

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Two things I would like to learn while on the college visit:**

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_